FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

1995 MAY -1 PM 2:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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*****61.75 *****61.75

DO NOT WRITE IN THIS SPACE

DOCUMENT # **708262** **(1)**

1. Corporation Name

CIVITAN FOUNDATION, INC.

Principal Place of Business	Mailing Address
~~% J. BEATTY WILLIAMS, JR~~ ~~4645 BADEN LANE~~ ~~JACKSONVILLE FL 32210~~	% J. BEATTY WILLIAMS, JR 4645 BADEN LANE JACKSONVILLE FL 32210

deceased 10-26-93

3. Date Incorporated or Qualified: 12/17/1964
3a. Date of Last Report: 03/18/1994
4. FEI Number: 59-6161988 — Applied For ☐ Not Applicable ☐

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / County 30

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
IRWIN, JAMES A 1925 WOOD LEIGH DR W JACKSONVILLE FL 32211	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	DIRECTOR	☒ Change ☐ Addition
NAME	PARKER, WALLACE	12 NAME		
STREET ADDRESS	3750 GURLEY RD	13 STREET ADDRESS		
CITY ST ZIP	JACKSONVILLE FL	14 CITY ST ZIP		
TITLE	PD	21 TITLE	PRESIDENT	☒ Change ☐ Addition
NAME	WILLIAMS, JOHN	22 NAME		
STREET ADDRESS	3073 AMELIA DR	23 STREET ADDRESS		
CITY ST ZIP	JACKSONVILLE FL	24 CITY ST ZIP		
TITLE	TD	31 TITLE	TREASURER	☐ Change ☐ Addition
NAME	IRWIN, JAMES A.	32 NAME		
STREET ADDRESS	1925 WOODLEIGH DR., W.	33 STREET ADDRESS		
CITY ST ZIP	JACKSONVILLE FL	34 CITY ST ZIP		
TITLE	SD	41 TITLE	DIRECTOR	☐ Change ☐ Addition
NAME	DAY, DEKLE	42 NAME		
STREET ADDRESS	1503 OAK ST	43 STREET ADDRESS		
CITY ST ZIP	JACKSONVILLE FL	44 CITY ST ZIP		
TITLE	D	51 TITLE	DIRECTOR	☐ Change ☐ Addition
NAME	REVELS, GEORGE F.	52 NAME		
STREET ADDRESS	6019 BROOKRIDGE RD	53 STREET ADDRESS		
CITY ST ZIP	JACKSONVILLE FL	54 CITY ST ZIP		
TITLE	D	61 TITLE	DIRECTOR	☐ Change ☐ Addition
NAME	HICKS, DAVID	62 NAME		
STREET ADDRESS	4364 GALILEO AVE	63 STREET ADDRESS		
CITY ST ZIP	JACKSONVILLE FL	64 CITY ST ZIP		

TMS 5-1-95

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 7-28-94 904 724 6577
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OR OFFICER OR DIRECTOR — Date — Daytime Phone #

JAMES A IRWIN

0028503